COUNTY BOROUGH OF ST. HELENS

Annual Report
OF THE
School Medical Officer,
FOR
1931.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.
Medical Officer of Health,
and School Medical Officer.

St. Helens:
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Deputy-Chairman :
Councillor Ellen McCormack.

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Mr. W. H. Mills.

TO THE CHAIRMAN AND MEMBERS OF THE
ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit my Annual Report as School Medical Officer for the year 1931.

During the year there have been practically no alterations to the general scheme of the School Medical Service as carried on in previous years.

Of the children coming up at the routing inspections, 15·2% were found with defects (other than uncleanliness, defective clothing or footwear, and dental defects) requiring treatment, and 16·7% with defects which required to be kept under observation. This is a slight decrease from the previous year, in which the corresponding percentages were 15·5 and 18·1.

Of all the children referred for treatment during the year, 96·2% of the medical defects and 57·2% of the dental defects received treatment. As explained in the body of the Report, the percentage of medical defects treated still maintains a very satisfactory level; but for several years now the percentage of dental defects treated has been decreasing, due, in large measure, to the increased number of children inspected and an alteration in the treatment carried out. In recent years more general anaesthetics have been given and more fillings have been done, thus occupying more of the dentists' time with a resulting lessening of the actual number of cases treated.

At the secondary schools, 8·6% of the children were found to be in need of treatment and 26·5% were suffering from defects requiring to be kept under observation. These figures again compare very favourably with the previous year when the corresponding percentages were 8·1 and 26·1.

During the year, approximately 91% of the children requiring treatment were treated under the schemes of the Local Authority compared with 88% in 1927, 89% in 1928, 90% in 1929 and 92% in 1930.

Though the above figures may be considered satisfactory as showing the benefits derived from the School Medical Service, it must be remembered that the Service must keep on expanding before it can be considered in any way complete. Though, generally speaking, the children with the more common defects, e.g., defective vision, dental defects, tonsils and adenoids, etc., are well cared for, there is still room for a great deal of work in dealing with the exceptional child. These children may form a small proportion of the school population, but they are a most unfortunate proportion in that they are the most handicapped for after-life. In recent years St. Helens has done well in the development of its Open-Air School and its Orthopaedic Scheme, but I would suggest that there is room for further extension in the treatment of these children and that the following developments be undertaken as soon as circumstances permit :—

(a) Provision of Special Class or Classes for Myopes ;
(b) Improved provision for the Dull and Backward Child ;
(c) The After-care of the Exceptional Child.

My special thanks are due to Dr. Fraser, Deputy Medical Officer, for much of the work that has been done, and to Mr. Lonie, Secretary for Education, for his cordial co-operation and assistance.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

May, 1932.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE DURING THE YEAR 1931.

Children in Average Attendance at Elementary Schools	19,046
Total Examinations of Elementary School Children	21,029
Miscellaneous Examinations (Bursars, &c.)	130
Children at Elementary Schools having defects which required treatment or to be kept under observation	6,327
Children at Secondary Schools having defects which required treatment or to be kept under observation	405
Minor Ailments treated at School Clinics	3,193
Visual Defects treated	783
Throat and Nose Defects treated	365
Children inspected by School Dentists	21,845
Children treated by School Dentists	7,091
Total Attendances at All School Clinics	57,827
Examinations by Nurses for Cleanliness	52,321
Visits to Schools by Medical Officers	304
Visits to Schools by Nurses	5,160
Home Visits by Nurses	9,326
Total Attendances at Inspection Clinic	3,790

STAFF.

School Medical Officer and Medical Officer of Health :—

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy School Medical Officer and Deputy Medical Officer of Health :—

J. A. Fraser, M.B., Ch.B., D.P.H. (Edinburgh).

Assistant School Medical Officers and Assistant Medical Officers of Health :—

A. B. Follows, M.B., Ch.B. (Liverp.), M.R.C.S., L.R.C.P., D.P.H. (Liverp.).

Helen Standring, M.D., Ch.B., D.P.H. (Liverp.), (resigned October, 1931).

Enid M. Hughes, M.B., Ch.B. (Liverp.) (from December, 1931).

Dental Surgeons :—

A. G. Batten, L.D.S.

L. A. Jones, L.D.S.

Annie M. Kean, L.D.S.

Health Visitors and School Nurses :—

Ethel Denman,	(1), (2), (3), (4)	Mary Corrish,	(3), (4)
Mary Riding,	(3), (4)	Alice Happold,	(3), (4)
Winifred Cowan,	(2), (3), (4)	Mary Elliott,	(3), (4)
Amy Coates,	(2), (3), (4)	Edith Curran,	(3), (4)
Emily Corrish,	(2), (3), (4)	Ellen R. McDonald,	(2), (3), (4)
Daisy C. Cruickshank,	(3), (4)	Agnes MacDonald,	(2), (3). (4)
Nora Hogan,	(3), (4)	Doris Parkinson,	(2), (3), (4)

After-Care Sister (Orthopaedic Scheme) :—

Constance Anthony	(5)

School Clinic and Dental Nurses and Attendants :

Florence Faber (3), (4)
Florence Wilkinson (4)
Phyllis M. Mather (4)
Ethel M. K. Elliot, (4)
* Muriel Lamb
Elizabeth Howarth
Ellen Glynn

(*) Resigned during the year.
(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
(2) Health Visitor's Certificate of the Royal Sanitary Institute.
(3) Certificate of the Central Midwives' Board.
(4) A trained Nurse.
(5) Certificate of Chartered Society of Masseuses, etc.

The following are part-time officers at the School Clinic:—

E. Allan, M.B., Ch.B. (Edin.), Ophthalmic Surgeon.

J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.), Ear, Throat and Nose Surgeon.

T. P. McMurray, M.B., M.Ch., B.A.O. (R.U.I.), F.R.C.S., (Edin.), Orthopaedic Surgeon.

J. Unsworth, M.B., B.S. (Lond.). Physician to the X-Ray Department.

SCHOOL HYGIENE.

The conditions in the Council Schools are on the whole good, all these being of fairly recent construction. In a number of the older provided schools, however, the lighting, ventilation, and general sanitary accommodation are unsatisfactory. In many instances, owing to sewers not being available, pail closets are still in existence ; whilst in some cases the old form of trough closet with an automatic flushing system is still being used. Apart from educational objections to the latter type of closet, it is by its economy in the use of water liable to lead to insufficient flushing of the closets ; and I would urge that, where-ever possible, they be replaced by pedestal wash down water closets, each with its own separate flushing system. In a number of instances the urinals are unsatisfactory and not provided with adequate flushing arrangements. Some of these older schools are also badly overcrowded and one still finds classrooms divided only by curtains. This is a most unhygienic procedure, as these curtains not only collect an enormous amount of dust but in epidemic periods can readily spread infection.

During the year, the Windlehurst Junior Council School was opened. This is a most modern school built on the semi open-air principle and has accommodation for 400 children.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1931 there were under the control of the Education Committee, 40 Elementary Schools with 83 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	24,876
Average number of children on the roll during the year	20,982
Average number of children in attendance during the year	19,046
Percentage attendance for the year	90·6%

All routine medical inspections are conducted in the schools, the scheme allowing of three visits by medical officers to each school during the year. At each visit one or more of the routine groups laid down by the Board of Education is examined, together with any children previously examined and referred either for treatment or observation (re-examinations) and any children to whom either the teacher or nurse wishes to draw the medical officer's attention (specials).

In addition to medical inspections at the schools, the medical officers hold an inspection clinic at the Town Hall on two mornings each week. The cases dealt with at this clinic are those referred from school inspections for further examination and cases referred by school attendance officers, teachers, nurses, and parents for advice or report.

The following statement shows the work done in Medical Inspection during the past five years :

	1927	1928	1929	1930	1931
Routine Examinations	6451	6587	6016	5970	5685
Special Examinations	5242	5801	5912	5769	6138
Re-examinations	9572	9477	8135	9297	9206
Examinations at Inspection Clinic	4019	3615	3525	3484	3790

The detailed figures of the number medically inspected during the year are given in Table I.

Apart from inspections by medical officers, the school nurses do a considerable amount of supplementary inspections. These include inspections regarding cleanliness, inspections preliminary to referring cases to the medical officer, and inspections in connection with infectious diseases. These duties will be referred to later in the review of the work of the school nurses.

Secondary Schools.

The Secondary Schools to which the provisions of the School Medical Service are applicable are the :—

St. Helens Cowley Boys' Secondary School.

St. Helens Cowley Middle School for Girls.

Routine medical examination is made once every year of all children attending these schools and special examinations are made from time to time as required. Girls are examined by the female assistant medical officer.

The following statement shows the work done in the Medical Inspection of these schools during the past five years :

	1927	1928	1929	1930	1931
Routine Examinations	746	710	1010	794	911
Special Examinations	123	152	56	101	66
Re-examinations	196	155	143	218	186

The detailed figures of the number of children inspected are given in Table VI.

FINDINGS OF MEDICAL INSPECTION.

Elementary Schools.

Table II shows the number of defects discovered during routine and special examinations which were referred for treatment or required to be kept under observation.

Of 5,685 children examined at the routine medical inspections, 863 (15·2%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental defects) which required treatment, and 948 (16·7%) from defects requiring to be kept under observation. For the previous year the corresponding percentages were 15·5% and 18·1% respectively.

The number and percentage of children in each age and sex group with such defects are shown in the following table :—

	Number examined.	Number referred for treatment or for observation.	Percentage referred.
*Entrants—Boys	1032	315	30.5
Girls	1088	312	28.7
Intermediates—			
Boys	1019	316	31.0
Girls	945	328	34.7
Leavers— Boys	806	257	31.8
Girls	795	283	35.6
All Ages—Boys	2857	888	31.1
Girls	2828	923	32.9

*Vision only tested where reason to suspect defect.

The following table shows the percentage of defects referred for treatment or for observation per 100 children examined during the past five years.

	Incidence of defects (excluding uncleanliness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined				
	1927	1928	1929	1930	1931
Requiring treatment	8.10	13.58	15.07	14.15	18.3
Referred for observation ...	26.93	21.79	20.54	18.10	19.5
Total	35.03	35.37	35.61	32.25	37.8

It will be noted in the above table that the incidence of defects per 100 children examined has increased compared with previous years, whereas an examination of the figures of the number of children requiring to be referred for treatment or for observation shows that the percentage of children referred for treatment decreased from 16% in 1930 to 15·5% in 1931, and those referred for observation from 20·5% in 1930 to 18·1% in 1931. It would appear, therefore, that though the percentage of children found defective has decreased the number of defects per child has increased. This is mainly due to an increased number of external eye defects found during the year, together with a slight increase in the number of children suffering from malnutrition and anaemia.

The chief defects for which children were referred for treatment or observation during the last three years are shown in the following table as percentages of the children examined :—

	1929	1930	1931
External Eye Diseases	1.2%	1.6%	2.4%
Defective Vision and Squint (Intermediates and Leavers only)	18.5%	18.6%	18.7%
Ear Disease or Defect	1.5%	1.5%	1.3%
Throat or Nose Defects	13.0%	11.6%	10.5%
Disease of Heart and Circulation	1.6%	2.6%	2.9%
Lung Disease (Non-Tubercular)......	2.6%	1.9%	1.6%
Tuberculosis	0.8%	0.8%	0.7%
Malnutrition	1.1%	0.8%	1.1%

The principal External Eye Diseases found were blepharitis and conjunctivitis, of which increased numbers were found during the year. The importance of the early and continuous adequate treatment of these conditions is still insufficiently realised, as is also the danger of the spread of infection by the common use of one towel. Another factor that is strongly suspected as predisposing to blepharitis is the use of strong alkaline soaps which destroy the natural oils of the skin and allow the infecting germ easy entrance in the hair follicules.

The rise in the incidence of Throat and Nose Defects which was noted in 1929 after the scarlet fever epidemic of the previous year has not been maintained. It is remarkable, however, how one still finds children who do not know how to "blow" the nose properly with the result that the nasal passages are never properly cleared and the children become mouth breathers either from habit or from the development of adenoids.

As regards Ear Disease, the commonest defect still found is discharging ears (otitis media), though it is gratifying to note that the number this year is considerably less than in previous years.

During 1931 there was again a slight increase in Diseases of the Heart and Circulation due, as in the previous year, to an increase in the number of cases of anaemia found. There was also an increase in the number of children referred for treatment or for observation for malnutrition (0·8% in 1930 and 1·1% in 1931). Taken as a whole, however, the nutrition of the children in St. Helens may be considered very good, and I think there is no doubt this is due to the excellent school feeding arrangements.

The percentage of children found Verminous was 5·5% as compared with 6·1% in the previous year.

Despite the continued industrial depression, there was a slight improvement in 1931 in the percentage of children with Defective Clothing and Footwear, the figures for 1931 being 3·2% and 0·4% respectively as compared with 4·2% and 0·3% in the previous year. In regard to footwear, many children are now wearing rubber Wellington boots owing to their low price. Whilst these are excellent protection for children whilst travelling to school, I think their wear all day and every day should be discouraged. They prevent the natural evaporation of perspiration, so that the feet become sodden and the circulation interfered with. When rubber boots are used for travelling to school, I would strongly recommend that children should also take with them slippers for wear during indoor school hours.

Re-examinations: The following table gives the number of re-examinations carried out by medical officers during the year, and the results found at these re-examinations.

	1931.	
Number of Children re-examined	4707	
Total re-examinations	9206	
Number found remedied	1398	(15.1%)
Number found improved	4386	(47.6%)
Number found stationary	3331	(36.1%)
Number found retrograde	91	(0.9%)

Secondary Schools.

Of 911 children coming up for routine medical inspection, 78 (8·6%) were referred for the treatment of and 241 (26·5%) referred for observation of defects (other than uncleanliness or dental defects) which, though not requiring immediate treatment, required to be kept under observation. The corresponding percentages for 1930 were 8·1 and 26·1, and the corresponding percentages for elementary schools were 15·2 and 16·7.

The chief defects, for which treatment was considered necessary or further observation desirable, were—Defective Vision or Squint, 22·3% ; Throat and Nose Defects, 6·4% ; Diseases of Heart and Circulation, 2·4% ; and Lung Diseases, 0·2%.

In addition to the routine inspections, 66 special cases were examined and 186 children previously found defective were re-examined.

The nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table VII.

MEDICAL TREATMENT.

Elementary Schools.

Table IV gives in detail and Table V in summary form the treatment obtained for the various defects referred for treatment during 1931. Table A gives the percentage of the children referred for treatment who have been treated each year during the last 10 years, and Table B shows the number and percentage of cases treated in the four main classes of medical defects during the past 5 years,

TABLE A.

Number of children referred for treatment and number and percentage treated in St. Helens during years 1922 to 1931.

		Number of children referred for treatment.	Children treated.	
			Number	Per cent.
1922	Medical only	4454	3753	84.2
	Dental	3518	2157	61.3
	Total	7972	5910	74.1
1923	Medical only	3597	3268	90.8
	Dental	4275	2651	62.0
	Total	7872	5919	75.1
1924	Medical only	4849	4417	91.0
	Dental	6211	4528	72.9
	Total	11060	8945	80.8
1925	Medical only	5301	4810	90.7
	Dental	8025	6403	79.7
	Total	13326	11213	84.1
1926	Medical only	5776	5401	93.5
	Dental	9105	5021	55.1
	Total	14881	10422	70.0
1927	Medical only	6334	5991	94.5
	Dental	10807	6768	62.6
	Total	17141	12759	74.4
1928	Medical only	6829	6463	94.6
	Dental	10493	7770	74.0
	Total	17322	14233	82.1
1929	Medical only	7074	6630	93.7
	Dental	10561	7015	66.4
	Total	17635	13645	77.3
1930	Medical only	7508	7239	96.4
	Dental	13543	8159	60.2
	Total	21051	15396	73.1
1931	Medical only	6781	6523	96.2
	Dental	13164	7533	57.2
	Total	19945	14056	70.0

Though it will be seen in Table A that the total percentage of children treated during 1931 shows a further decrease from the percentage of previous years, the percentage of medical defects treated remains at the satisfactory level of 96·2% of all medical defects referred for treatment. The reduction is in the dental defects, which has been a decreasing percentage for some years. This is mainly due to the fact that in recent years it has been more common to carry out extractions under general anaesthetic, which necessarily means an increase in the time spent on this work by the dentists. There has also in recent years been an increase in conservative work, i.e., fillings, especially of permanent teeth, and here again, the time on such work being longer than for ordinary extractions, there must be a decrease in the number of cases which can be treated.

TABLE B.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1927 to 1931.

	1927	1928	1929	1930	1931
Minor Ailments—					
No. referred for treatment	3379	3830	3864	4069	3396
No. treated	3349	3802	3848	4036	3376
% treated	99.1	99.2	99.5	99.2	99.4
Visual Defects—					
No. referred for treatment	618	710	748	794	844
No. treated	551	639	706	732	791
% treated	89.1	90.0	93.4	92.2	93.7
Throat and Nose Defects—					
No. referred for treatment	627	639	787	835	692
No. treated	417	402	444	679	542
% treated	66.5	62.9	56.4	81.3	78.3
Other Medical Defects—					
No. referred for treatment	1710	1650	1676	1810	1849
No. treated	1674	1620	1650	1790	1814
% treated	97.8	98.1	98.4	98.9	98.1

During 1931 approximately 91% were treated under the schemes of the Local Authority compared with 88% in 1927, 89% in 1928, 90% in 1929, and 92% in 1930.

Among children referred for treatment from routine medical inspections during the year, 72·7% of the defects were treated before the end of the year.

Secondary Schools.

Of the 127 children referred for treatment for medical defects during the year 89 (70%) were treated before the end of the year and, of 486 children referred for dental treatment, 331 (68%) were treated. These figures show a gratifying increase on the percentages treated last year which were 52·1% and 43·7% respectively.

Approximately 40% of these defects were treated under the schemes of the Local Authority.

The detailed figures regarding the defects treated are given in Table IX and a summary of the treatment obtained is shown in Table X.

Provision of Treatment.

Arrangements for treatment remain practically the same as in previous years, consisting of the provision of special clinics for minor ailments, dental defects, eye defects, throat and nose defects, and the X-ray treatment of ringworm by the Local Education Authority, and the use of the other health services of the Local Authority, e.g. the tuberculosis dispensary for tuberculous cases, the orthopaedic clinic for crippling defects, and the Borough Isolation Hospital for the cleansing of verminous children and the treatment of obstinate impetiginous conditions and serious external eye diseases. I regret I must again call attention to the congestion and overcrowding at the Central Clinic in Claughton Street. Every conceivable method in the way of arranging the hours of the various sessions held at these premises has been tried, but it has been found impossible to prevent the overcrowding that occurs. Further, not only is the waiting room accommodation totally inadequate for the number of cases attending, but, owing to the insufficient number of treatment rooms, it is impossible to carry out the different classes of treatment under proper conditions. At this Clinic 7,780 children made 31,367 attendances during 1931. There are two district clinics for the treatment of minor ailments, namely, Elizabeth Street Clinic and West Street Clinic; and the minor ailment nurse also visits daily Sutton Manor School and St. Vincent's School, Derbyshire Hill, for the treatment of minor ailments in these districts. District dental clinics are also held at Elizabeth Street Clinic, West Street Clinic, and Gartons Lane Clinic, the dentist visiting these clinics for periods after the dental inspection of the schools in the vicinity of the clinic concerned.

At the district minor ailment clinics, 1,517 children made 19,985 attendances during 1931 for treatment by a nurse, and at the district dental clinics, 2,145 children made 2,750 attendances for treatment.

A district clinic is also urgently required for both minor ailments and dental treatment in the Parr district, and I would again urge the provision of accommodation for such at an early date. I would also again suggest the advisability of combining such a clinic with a maternity and child welfare clinic for that district as mentioned in previous Reports.

The operative treatment of tonsils and adenoids is carried out at one of the local hospitals, and I am indebted to Mr. John McGibbon, Ear, Throat and Nose Surgeon, for the following review of his work during 1931 :

> "During the past year 365 children have been operated on for the removal of tonsils and/or adenoids. These are cases which have been selected by the school medical officers owing to the existence of defects of their upper respiratory tracts, such as the following :—nasal obstruction, chronic rhinitis, recurrent sore throats, discharging ears, enlarged cervical glands, etc.
>
> All the children are examined a day or two before operation and, unless they are found to be fit, they are referred back for operation at a later date.

As in previous years ethyl chloride given on an open mask has been the anaesthetic used ; and this has been found to be satisfactory and to be free from risk. There have been no cases of post-operative haemorrhage, nor have any complications been reported. Most of the children operated on have been examined a week later, and the immediate results of operation have appeared satisfactory. The usual printed instructions have been issued to all cases ; and a " follow-up " of all cases has been carried out.

In addition to the above, one mastoid operation was performed during the year.

During the latter part of the year, arrangements were made by the Medical Officer of Health for the treatment of discharging ears of school children by zinc ionisation. It is hoped that by this procedure a favourable result will be achieved in suitable cases, although it is too early to give any figures."

The following table shows the continued increase in the work of the ophthalmic clinic during recent years. A very satisfactory feature of this clinic is the increased number of old cases coming up for review in recent years.

	1928	1929	1930	1931
Cases for refraction ...	568	647	689	783
Cases glassed	454	489	551	696
Cases not glassed	114	162	138	87
Old cases reviewed ...	134	183	502	481
Cases referred for observation	3	7	3	20
External eye diseases ...	34	29	40	25
Operations	2	1	1	1
Total attendances ...	1113	1205	1392	1396

I am indebted to Mr. Ernest Allan, Ophthalmic Surgeon, for the following notes on the work of the Clinic :

"With the probable exception of dental disease, defects of vision are found to be the most prevalent of physical defects, and it is satisfactory to be able to record that on routine inspection of the school children, the slightest defects are noted and the case passed on to the Ophthalmic Surgeon for fuller investigation. All children have their visual acuity tested once a year, and those below a certain standard are referred to the Ophthalmic Clinic.

Besides these cases who make their appearance at the Ophthalmic Clinic for the first time, there are those who have been provided with glasses in the past years, and it is the aim of the Clinic to examine those children with glasses once a year or oftener, and to keep them more or less under observation during the whole of their school life, so that on leaving school at puberty, they will have as accurate a correction as it is possible to give them.

It is gratifying to report that there are few serious cases of eye affection in the borough, and there is a minimum number of cases of external inflammatory trouble.

Another gratifying feature about the work of the Clinic is that the parents are taking an increasing interest in the provision of spectacles for the children, and, on the whole, they are realising that it is for the benefit and well-being of the children that glasses are being prescribed."

The following table shows the number of defects treated at the various clinics during the past five years, together with the total attendances.

	1927	1928	1929	1930	1931
Minor Ailments	3,206	3,633	3,678	3,844	3,193
Visual Defects	474	568	647	689	783
Defects of Throat and Nose ...	168	240	295	544	365
Dental Defects	5,631	6,877	6,062	7,689	7,091
Crippling Defects	125	165	203	220	237
Other Defects	1,367	1,299	1,299	1,451	1,367
Total Number of Defects treated	10,971	12,782	12,184	14,437	13,036
Total Attendances	51,442	51,136	42,511	58,736	57,827

For the year ended the 31st December, 1931, £182/6/- has been recovered from parents for treatment provided at these clinics. No charge is made for minor ailments nor for attendance at the Orthopaedic Clinic, but the cost of hospital treatment of orthopaedic cases is recovered in accordance with the scale of income of the family.

In addition, many weakly and debilitated children have been supplied with Cod Liver Oil Emulsion or Oil and Malt at a small charge, or free according to circumstances.

The question of special provision for the specially defective child is dealt with under the headings dealing with exceptional children.

DENTAL INSPECTION AND TREATMENT.

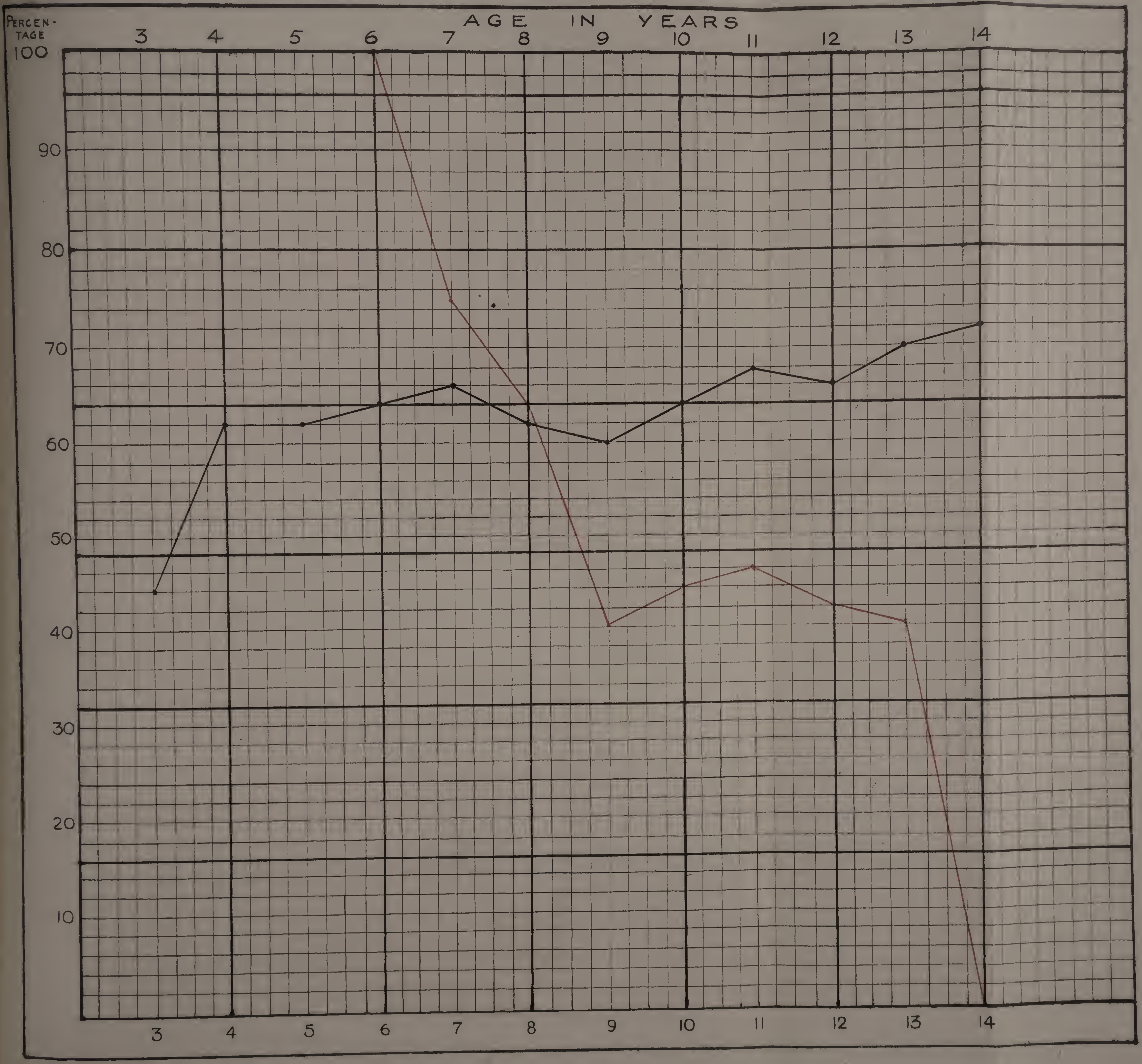
I am indebted to Mr. A. G. Batten, School Dental Surgeon, for the following notes on the work of the School Dental Department.

> "Each elementary school in the borough is visited twice yearly. This means that almost every schoolchild is St. Helens is examined every six months. At the first visits during 1931, 20,943 children were examined, and, of these, 12,995 (62·04%) were found to be in need of treatment.
>
> At the second examination 13,315 children were re-examined and, of these 8,526 (64·02%) were found defective. It is of interest and importance, showing (as it does) the need for frequent inspection, that of the latter number, 1,514 (17·7%) had developed defects since their examination approximately six months previously.
>
> At the Central Clinic, 4,818 children made 7,225 attendances for treatment, whilst at the district clinics 2,145 children made 2,750 attendances. The treatment provided included 6,210 fillings, 11,606 extractions (of which 9,316 were of temporary teeth), and 2,224 administrations of nitrous oxide anaesthetic.
>
> The Cowley Secondary Schools were also visited twice during the year and, at the first visit, 884 children were inspected and 467 (52·8%) found to require treatment. At the second visit, 861 were examined and 465 (54%) referred for treatment. Of those requiring treatment, 128 attended the school clinic and 190 were treated privately.
>
> As a matter of interest I have this year made a detailed analysis of the percentage of defects per age group found amongst children attending the elementary schools at

the initial inspection of the year, and have made a graph showing the percentage found defective at each age. It will be noted that in the youngest age group there is a comparatively small percentage (44%) of defects, a fact which is, of course, expected as a child at that age has only just acquired a full temporary dentition. As the age increases, however, there is a gradual increase in the percentage found defective until at the age of 14 years 72% are found defective. This, in my opinion, is due in many cases to the influence the older children have over their parents. The child naturally has a fear complex of any form of dental treatment which increases with age, and I fear the parents give way to this. The remedy lies in the persuasion of the prompt acceptance of treatment for the younger children by the parents, when the defects are in an early stage and the discomfort of treatment is minimised. The confidence of the child is thus gained and he or she is more ready to undergo any further treatment which may be required at a later age.

As proof of the value of this I have prepared a similar graph for the Hamblett Open-Air Council School, where we have children in poor health and one naturally expects to find a higher percentage of defects. One does, but they are confined to the lowest age groups, which represent the greater proportion of new entrants. As the age increases, however, there is a marked drop in the percentage found defective. This, I feel sure, is due in some part at least to the fact that the parents of such children realise more fully that the child is delicate and that part of the treatment of that condition is attention to the teeth."

Dental Defects per age group found at Initial Inspection of Elementary Schools during 1931 expressed as a percentage of children examined in each group.



Black: Elementary Schools.
Red: Hamblett Open Air Council School.

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

As mentioned in previous reports the duties of the school nurses in St. Helens are combined with those of health visitors. The town is divided up into fourteen districts each of which is in the charge of a fully trained nurse who, amongst other duties, is responsible for all home visiting in connection with the maternity and child welfare service, infectious diseases, tuberculosis, and the school medical service. She also visits each school weekly and sees any children regarding whom the teacher desires advice, and periodically makes a thorough examination of all children for cleanliness.

Though it is impossible to give a full statistical report on the work carried out by them, the following figures give some idea of their work for the School Medical Service during the year :

1.	Number of visits to schools for general supervisory purposes and for medical and verminous inspections	5,160
2.	Number of examinations of children for cleanliness	52,321
3.	Number of visits paid to the homes of children in following up defects, investigating cases of infectious disease, investigating cases referred by the School Attendance Department, etc........................	9,326

In addition to the school nurses mentioned above, special nurses are employed at the School Clinic and District Clinics who are wholly engaged treating or assisting in the treatment of various defects.

INFECTIOUS DISEASE.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table which also gives the corresponding figures since 1927 :—

	1927	1928	1929	1930	1931
Scarlet Fever	123	794	286	158	64
Diphtheria	58	81	69	85	50
Measles	1112	679	799	445	941
Whooping Cough	175	249	317	179	6
Chicken Pox	194	387	295	316	276
Mumps	541	17	29	565	19
German Measles	2	84	21	8	2

The cases of scarlet fever and diphtheria occurred intermittently throughout the year, but the incidence of measles was principally during the first five months, being a continuation of the epidemic which commenced in the latter months of 1930. As a whole the type of case occurring was mild and the mortality rate low. The cases of chicken pox occurred mainly in the months of June and July.

During the year no school was closed because of infectious diseases, but in 8 departments for an aggregate of 15 weeks the percentage attendance fell below 60%.

The minimum periods of exclusion for patients and contacts are shown on the accompanying Table.

EXCLUSION OF CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE.

(Revised April, 1925).

DISEASE	Incubation Period	Exclusion of Patient	Exclusion of other children in the house.	
		Period of Exclusion	Children involved	Period of exclusion
DIPHTHERIA	2—10 days	Until two successive negative swabs have been obtained from nose and throat and not less than fourteen days after discharge from hospital or release from isolation.	Exclude—all children	Until negative swabs have been obtained from the nose and throat and not less than fourteen days from date of disinfection of premises after removal of patient to hospital, or in the case of patients treated at home ten days after disinfection of premises.
SCARLET FEVER	1—8 days	Until not less than fourteen days after discharge from hospital or release from isolation. Isolate one month at least and until child is free from all discharges.	Exclude—all children	Until not less than seven days after disinfection of premises.
MEASLES	7—14 days	Three weeks from date of appearance of rash	Exclude (1) *All* children attending an infant Dept. (2) all *other* children who have not had the disease	Three weeks from date of *onset* of last case in house.
GERMAN MEASLES	5—21 days	One week from date of appearance of rash	Exclude—as in Measles	Three weeks from date of contact with patient with rash.
WHOOPING COUGH ...	6—18 days	Until six weeks from commencement of cough	Exclude—Child attending Infant Dept. only.	Six weeks from date of last case in house.
MUMPS	12—23 days	Until one week after subsidence of swelling	Exclude none... ...	—
CHICKEN POX	11—21 days	Until all scabs have fallen off and not less than three weeks from commencement of illness... ...	Exclude—as in Measles	Three weeks from date of last exposure to infection.
SMALL POX	10—14 days, usually 12	Until all scabs and " seeds " have disappeared and not less than six weeks from commencement of illness	Exclude—Unvaccinated children only. ...	Sixteen days from date of last exposure to infection.

TUBERCULOSIS.

At the end of 1931, there were in St. Helens 213 children of school age suffering from the following forms of tuberculosis :

Pulmonary	89
Non-Pulmonary :—	
Bones and Joints	35
Peripheral Glands	59
Abdominal	10
Skin	18
Others	2
	213

Cases of active pulmonary tuberculosis are excluded from school and, of 12 such cases at the end of the year, 8 were at Eccleston Hall Sanatorium and 4 were receiving treatment at home. So long as their general health is good, quiescent cases are allowed to attend the public elementary schools where they are regularly re-examined. At the first suggestion, however, of any falling off in health they are transferred to the Open-Air School or to sanatoria or sanatorium schools. At the end of the year, 7 such cases were attending the Open-Air School and 18 were at sanatoria or sanatorium schools.

The detailed figures regarding the types of diseases found amongst school children are shown in tables III and VIII.

School children contacts of notified cases of tuberculosis are kept under observation by the School Medical Department, and, consequent on such supervision and also of other medical inspections, 114 children were referred during the year to the Tuberculosis Officer for further examination. As a result of such examination, 14 cases were diagnosed as definitely suffering from tuberculosis of the lung, 23 cases were found to have non-pulmonary tuberculosis, 55 cases were found to be non-tubercular, and 22 cases were still under observation at the end of the year. These figures show the great importance of not only keeping tubercular contacts under observation but of the regular examination of delicate children and children whose health is constantly below par.

The treatment provided for these children is by private practitioners, tuberculosis dispensary, school clinic, orthopaedic clinic, sanatoria or hospitals. During the year 223 children made 861 attendances at the Tuberculosis Dispensary for examination, observation or treatment ; 50 children made 617 attendances for X-ray treatment of tubercular glands or lupus ; 35 children suffering from tubercular bones or joints made 91 attendances to see the orthopaedic surgeon and 237 attendances for intermediate treatment at the orthopaedic clinic ; 5 children with surgical tuberculosis were maintained at Leasowe Hospital for 2,076 days; 42 children spent an aggregate of 9,727 days in Eccleston Hall Sanatorium, and 3 children were treated at the Heswall Branch of the Royal Liverpool Children's Hospital for 553 days.

As the majority of the cases in hospitals and sanatoria remain there for prolonged periods, provision is made for education as well as for treatment.

At the Eccleston Hall Sanatorium, out of 42 children of school age who have been in the Sanatorium during the year, 40 attended the special school attached to the Sanatorium for various periods. The average daily attendance was 17, and the average number of days each child attended, 193.

EXCEPTIONAL CHILDREN.

Crippled Children.

Crippled children of school age are dealt with under the combined Orthopaedic Scheme for the Tuberculosis, Maternity and Child Welfare, and School Medical Services. The Orthopaedic

Surgeon attends at Albion Street Clinic on the first, third and fifth Wednesdays of each month, and hospital treatment is provided mainly at the Royal Liverpool Children's Hospital or its branch at Heswall, and at the Leasowe Open Air Hospital for Children.

One room at the Albion Street Clinic has been specially fitted for remedial exercises and intermediate treatment, but this room is much too small for the full range of gymnastic and remedial exercises required and it is hoped that proper provision for dealing with these defects will be provided when the new school clinic premises are built.

The Orthopaedic After-care Sister also carries out intermediate treatment once weekly at the Elizabeth Street Clinic and visits the Hamblett Open-Air Council School once weekly.

Excluding tubercular cases, 277 children were dealt with under the school medical side of the scheme during 1931. These were as follows :—

Infantile Paralysis	44
Other forms of Paralysis	44
Congenital Deformities	33
Rickets	54
Traumatism	25
Miscellaneous	77
	277

It is gratifying to note that cases are being sent in earlier stages of the diseases than formerly, leading to a much shorter period of treatment required for cure and a great diminution in the amount of permanent crippling. One, however, still meets the obstructive parent whom nothing will convince of the necessity for long periods in hospital for certain cases.

The treatment provided involved 409 attendances for consultation or treatment by the orthopaedic surgeon, 2,986 attendances for intermediate treatments by the nurse, and 59 home visits by the nurse for purposes of supervision or for making arrangements for admission to hospital. In addition, 28 cases received surgical or other hospital treatment for an aggregate of 1,429 days.

During the year 14 children were discharged from the clinic as cured, and 26 (including 2 struck off owing to age and several who attended once only for consultation), ceased to attend the clinic, leaving 237 children still under treatment at the end of the year.

In addition to the above non-tubercular cases, there were also treated at or in connection with the Orthopaedic Clinic 35 children of school age in whom the crippling was due to tuberculosis. These cases are referred to in that section of the report dealing with tuberculosis.

The supply and repair of all splints and appliances are undertaken by the St. Helens Crippled and Invalid Children's Aid Society, who also give invaluable assistance in the supply of extra nourishment and clothing when required. They also provide, by means of a small part-time voluntary school, educational facilities for those cripples who are unable to attend an ordinary school.

At the end of 1931, there were in St. Helens 91 children of school age suffering from various degrees of crippling deformities, sufficiently severe to interfere with their normal mode of life and attributable to the following causes :—

Surgical Tuberculosis	35
Infantile Paralysis	14
Rickets	2
Congenital Deformities	27
Traumatism	2
Miscellaneous	11
	91

In addition to the above there are 11 children with heart disease to such an extent that they are physically crippled.

Delicate and Pre-Tubercular Children.

The Hamblett Open-Air Council School has again proved of the greatest value in dealing with these children. At the beginning of 1931 there were on the school roll 116 children. During the year 26 fresh cases were admitted and 1 child was re-admitted on returning to St. Helens. One boy, aged 14½ years, was discharged as fit to commence work as a carpenter's apprentice, and 4 children over 14 years of age were considered fit to return to their previous elementary school. In addition, 2 children were returned to their previous elementary school owing to parental indifference and 1 boy had to be re-admitted to Leasowe Open-Air Hospital owing to reactivity of tubercular disease of the spine.

At the end of 1931 there were 9 children on the roll who were also attending the orthopaedic surgeon at Albion Street Clinic and this necessitated an arrangement being made whereby the Orthopaedic After-Care Sister visits the school once per week.

All entrants to the school are carefully selected by the School Medical Officer, the most common type of case being the chronically debilitated with a tubercular family history and the anaemic, delicate, malnourished child with poor school attendance. In these circumstances, an attendance record of 85·99% is highly satisfactory and indicates what can be done in a day open-air school with good food and suitable hygiene, with only occasional medicinal treatment.

A trained nurse is in daily attendance ; constant medical supervision is given ; and dental inspection and treatment are provided three times yearly. Cod liver oil has been given once daily and the routine programme outlined in previous Reports has been followed.

The following table shows the average weekly gains in weight and monthly gains in height during the year 1931 arranged according to the year of original admission to the school.

	Year of Admission.	Boys.	Girls.
Average weekly gain in weight	1929	2 ozs.	2·3 ozs.
	1930	2 ozs.	2·2 ozs.
	1931	2·3 ozs.	3·6 ozs.
Average monthly gains in height	1929	·22 ins.	·24 ins.
	1930	·13 ins.	·29 ins.
	1931	·2 ins.	·28 ins.

Blind, Deaf and Epileptic Children.

The total number of these children in the area is given in Table III. During the year, 1 blind and 1 deaf and dumb child were sent to special residential schools and the local Authority is at present maintaining 1 epileptic, 15 blind, and 11 deaf and dumb children in these special schools.

During the year, consideration was given to the question of the establishment of a Myope School for the education of partially blind children, but for reasons of economy this had to be postponed. Though there is not a large number of such children in St. Helens, there being only approximately 25 suitable for a Myope School, it is hoped that the Committee will not unduly postpone the establishment of such a class or school. There is no doubt that the attendance of such children at ordinary schools, entailing as it does undue strain on seriously defective eyes, means in many cases that such eyes become permanently damaged and the children become handicapped for life.

Mentally Defective Children.

There are no special schools or classes for the mentally deficient in St. Helens, and, out of the 77 feeble-minded (but educable) children in the borough, only 9 are at present maintained at special residential schools. All the remaining 68 who should be receiving special education are attending ordinary classes in the Public Elementary Schools.

During the year 1 feeble-minded child was notified to the Local Control Authority.

Apart from the definitely recognisable mentally defective child there is a considerable number of border line cases to whom only the term " dull and backward " can be given. Some of these children probably have a very slight degree of mental deficiency, but a larger number of them are dull and backward owing to irregular schooling due to ill health or parental neglect or indifference. Generally speaking, these children pass through the usual routine of public elementary schools but arrive at school leaving age with a very indifferent education. I think something should be done for this class of child. For those dull and backward owing to ill health, the Open-Air School is the natural solution and an extension of that school to allow provision for these children would be an advantage. For others, special classes in various centres of the town might be formed where individual attention could be given combined, where necessary, with special supervision of home circumstances by school attendance officers or other visitors. The latter should, however, be arranged with Child Guidance Clinics, where the child's individual peculiarities might be noted and proper measures taken to develop to the best advantage its natural abilities.

PHYSICAL TRAINING.

In September, 1931, an organiser of physical training was appointed, but it is too early yet to make any special report regarding this important side of the physical well-being of the children.

BATHS.

The Windle Pilkington Council School is the only school equipped with baths. These consist of slipper and spray baths, and are in constant use, all the girls, practically all the boys and a large proportion of the infants receiving a bath weekly.

The Education Committee also have the use of the small plunge bath at the Public Baths in Boundary Road for six half days per week for swimming and the boys from schools in the vicinity attend a six months' course at these baths under the direction of a swimming instructor. At the end of each course an examination is held, and the boys who obtain a certificate of proficiency also receive a free pass to the baths for a period of twelve months.

PROVISION OF MEALS.

Breakfasts and dinners are provided seven days a week at the centres at the Windle Pilkington, Arthur Street, Merton Bank, and Peasley Cross Centres, and on five days a week at the centres at Sutton Manor, Parr Flat, Allanson Street, Gerards Bridge, Thatto Heath, Parr, and Sutton. Dinners only are provided at the centre at the Higher Grade School. The meals are prepared and served at the centres by paid attendants.

The total number of meals served during the year has been 401,789. Of these 396,706 were provided free.

The total number of individual children receiving free meals was 1,369, and the number who paid for meals was 58.

The average total cost per meal was 2·09 pence, of which 1·32 pence was for food.

CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Though parents in all cases are invited to attend the routine inspections the attendance is never high.

I would again express my indebtedness to the Teachers for their co-operation and interest in School Medical Work.

Close co-operation is also maintained with the School Attendance Department who referred 364 cases to the School Medical Officer for special investigation during the year.

CO-OPERATION WITH VOLUNTARY BODIES.

A large amount of assistance has been given by the various voluntary organisations in the town and close co-operation exists between these bodies and the School Medical Service. The National

Society for Prevention of Cruelty to Children, in dealing with cases of neglect ; The St. Helens Crippled and Invalid Children's Aid Society, in dealing with cripples ; The St. Helens and District Society for the Welfare of the Blind, in dealing with blind children ; The St. Helens Police Clothing Fund for Destitute Children, in grants of clothing or clogs ; and The St. Helens Juvenile Organisation Committee, in organising evening play centres ; have all rendered valuable assistance in maintaining and improving the health of the school child.

STATISTICAL TABLES

FOR THE YEAR 1931.

ELEMENTARY SCHOOLS—Tables I to V.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections	
Entrants	2120
Intermediate	1964
Leavers	1601
Total	5685
Number of other Routine Inspections	Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	6138
Number of Re-Inspections	9206
Total	15344

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1931.

DEFECT OR DISEASE (1)		Routine Inspections No. of Defects: Requiring Treatment (2)	Routine Inspections No. of Defects: Requiring to be kept under observation but not requiring Treatment. (3)	Special Inspections No. of Defects.: Requiring Treatment (4)	Special Inspections No. of Defects.: Requiring to be kept under observation but not requiring Treatment. (5)
Malnutrition		36	26	258	83
Uncleanliness :—(*See* Table IV., Group V.)					
Skin	Ringworm—Scalp	—	—	19	—
	Body	—	—	23	—
	Scabies	9	—	62	—
	Impetigo	52	—	1228	—
	Other Diseases (Non-Tuberculous)	18	9	200	7
Eye	Blepharitis	105	—	182	7
	Conjunctitivis	9	—	95	—
	Keratitis	1	—	—	1
	Corneal Opacities	—	1	8	5
	Defective Vision (excluding Squint)	296	259	375	945
	Squint	52	62	121	258
	Other Conditions	8	14	65	11
Ear	Defective Hearing	3	7	26	19
	Otitis Media	28	8	163	62
	Other Ear Diseases	19	9	11	1
Nose and Throat	Enlarged Tonsils only ...	97	288	218	364
	Adenoids only	11	15	36	40
	Enlarged Tonsils and Adenoids	27	84	139	176
	Other Conditions	51	23	113	72
Enlarged Cervical Glands (Non-Tuberculous)		14	88	32	82
Defective Speech		1	11	2	29
Teeth—Dental Diseases (Inspections by Medical Officers only)		167	10	166	105
Heart and Circulation	Heart Disease—Organic ...	8	16	3	13
	Functional	8	24	7	49
	Anæmia	87	23	254	98
Lungs	Bronchitis	48	42	104	82
	Other Non-Tuberculous Diseases	—	4	187	11
Tuberculosis	Pulmonary—Definite ...	2	3	65	20
	Suspected ...	—	10	12	26
	Non-Pulmonary—Glands ...	2	9	73	39
	Spine	—	3	8	4
	Hip	—	2	8	7
	Other Bones and Joints	1	3	20	6
	Skin	1	1	14	8
	Other Forms	1	4	5	12
Nervous System	Epilepsy	—	2	3	5
	Chorea	3	5	30	10
	Other Conditions	3	2	26	23
Deformities	Rickets	9	9	8	31
	Spinal Curvature	—	—	—	1
	Other Forms	10	19	34	37
Other Defects and Diseases		23	26	189	44

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
(1)	(2)	(3)	(4)
Code Groups—			
Entrants	2120	302	14.24%
Intermediates	1964	317	16.14%
Leavers	1601	244	15.24%
Total (Code Groups)	5685	863	15.18%
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind).	(*i*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	6	9	15
		Attending Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools	15	15	30
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Deaf (including deaf and dumb and partially deaf).	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	6	5	11
		Attending Public Elementary Schools	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools	4	3	7
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	6	3	9
		Attending Public Elementary Schools	33	35	68
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Notified to the Local Control Authority during the year.	Feebleminded	—	—	—
		Imbeciles	—	—	—
		Idiots...	—	—	—
		Others	1	—	1
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	—	1	1
		In Institutions other than Certified Special Schools...	—	—	—
		Attending Public Elementary Schools	1	1	2
		At no School or Institution...	—	—	—
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	4	4	8
		At no School or Institution...	—	—	—

TABLE III.—(continued).

			Boys	Girls	Total
	Active pulmonary tuberculosis (including pleura and intrathoracic Glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	4	4	8
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Element'y Schools	—	—	—
		At Other Institutions ...	—	—	—
		At no School or Institution...	1	3	4
PHYSICALLY DEFECTIVE	Quiescent or arrested pulmonary Tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	11	7	18
		At Certified Residential Open Air Schools... ...	—	—	—
		At Certified Day Open Air Schools	2	5	7
		At Public Elementary Schools	31	20	51
		At Other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
		At certified Residential Open Air Schools	—	—	—
		At Certified Day Air Open Schools	—	4	4
		At Public Element'y Schools	26	28	54
		At Other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Abdominal Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	2	2
		At certified Residential Open Air Schools...	—	—	—
		At certified Day Open Air Schools	2	1	3
		At Public Element'y Schools	3	1	4
		At other Institutions ...	—	—	—
		At no School or Institution...	1	—	1
	Tuberculosis of bones and joints (not including Deformities due to old tuberculosis).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	6	1	7
		At Public Element'y Schools	15	12	27
		At Other Institutions ...	—	—	—
		At no School or Institution...	1	—	1

TABLE III.—(continued)

			Boys	Girls	Total
Physically Defective	Tuberculosis of other organs, (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Element'y Schools	10	9	19
		At Other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Crippled Children (other than those with active tuberculosis disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At certified Hospital Schools	2	2	4
		At certified Residential Cripple Schools	—	—	—
		At certified Day Cripple Schools	—	—	—
		At certified Residential Open Air Schools...	—	—	—
		At certified Day Open Air Schools	1	2	3
		At Public Element'y Schools	24	14	38
		At Other Institutions ...	—	4	4
		At no School or Institution...	3	4	7
	Delicate children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At certified Residential Cripple Schools	—	—	—
		At certified Day Cripple Schools	—	—	—
		At certified Residential Open Air Schools...	—	—	—
		At certified Day Open Air Schools	53	48	101
		At Public Element'y Schools	67	59	126
		At Other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Element'y School.	At certified Hospital Schools	—	—	—
		At certified Residential Cripple Schools	—	—	—
		At certified Day Cripple Schools	—	—	—
		At certified Residential Open Air Schools...	—	—	—
		At certified Day Open Air Schools	1	—	1
		At Public Element'y Schools	1	—	1
		At other Institutions ...	1	—	1
		At no School or Institution...	2	3	5

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1931.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT	Number of Defects referred for Treatment	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme	Otherwise	Total
SKIN—Ringworm, Scalp	19	17	2	19
Ringworm, Body	23	23	—	23
Scabies	71	67	4	71
Impetigo	1280	1235	40	1275
Other Skin Disease	218	192	20	212
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).	473	397	71	468
MINOR EAR DEFECTS	250	205	41	246
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.)	1062	1055	7	1062
Total	3396	3191	185	3376

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

DEFECT OR DISEASE	Number of Defects referred for Treatment	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise	Total
Errors of Refraction (including Squint)	844	759	32	—	791
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	—	—	—	—	—
Total	844	759	32	—	791

Total number of children for whom spectacles were prescribed—

(*a*) Under the Authority's Scheme	674
(*b*) Otherwise	26

Total number of children who obtained or received spectacles—

(*a*) Under the Authority's Scheme	674
(*b*) Otherwise	26

Group III.—Treatment of Defects of Nose and Throat.

Number referred for Treatment	Number of Defects.				
	Received Operative Treatment			Received other forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
692	356	54	410	132	542

Group IV.—Dental Defects.

(1) Number of Children who were :—
(*a*) Inspected by the Dentist :

	Aged :		
Routine Age Groups	3— 416 4—1264 5—2328 6—2105 7—2136 8—2016 9—2318 10—2267 11—2270 12—1485 13—1313 14— 391 15— 132 16— 35	Total	20476
Specials	467		
	Grand Total ...		20943

(*b*) Found to require treatment 12995
(*c*) Actually treated 6963
(*d*) Re-treated during the year as the result of periodical examination 331

(2) Half-days devoted to :—
Inspection ... 168
Treatment ... 1167 Total 1335

(3) Attendances made by children for treatment ... 9975

(4) Fillings :—
Permanent teeth ... 5313
Temporary teeth ... 897 Total 6210

(5) Extractions :—
Permanent teeth ... 2344
Temporary teeth ... 9316 Total 11660

(6) Administrations of general anæsthetics for extractions 2224

(7) Other Operations :—
Permanent teeth ... 231
Temporary teeth ... 817 Total 1048

Note :—In addition to these inspections, 13315 children were re-inspected during the year, and of them, 8526 were found to require treatment.

Group V.—Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses...	64
(ii.)	Total number of examinations of children in the Schools by School Nurses	51410
(iii.)	Number of individual children found unclean	2843
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	Nil
(v.)	Number of cases in which legal proceedings were taken :	
	(*a*) Under the Education Act, 1921	Nil
	(*b*) Under School Attendance Byelaws	Nil

TABLE V.

Summary of Treatment of Defects.

DISEASE OR DEFECT		NUMBER OF DEFECTS			
		Referred for Treatment	TREATED		
			Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments		3396	3191	185	3376
Visual Defects		844	759	32	791
Defects of Throat and Nose		692	356	186	542
Dental Defects	Referred by Dentist	12831	6799	532	7331
	,, School M.O.	333	164	38	202
Other Defects		1849	1598	216	1814
Total		19945	12867	1189	14056

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age	
4	8
5	19
6	17
7	25
8	42
9	34
10	47
11	123
12	70
13	111
14	125
15	119
16	110
17	41
18	13
19	7
Total ...	911

B.—OTHER INSPECTIONS.

Number of Special Inspections	66
Number of Re-inspections	186
Total ...	252

TABLE VII.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1931.

DEFECT OR DISEASE		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects.	
		Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		—	—	—	—
Uncleanliness—		—	—	—	—
(*See* Table IV., Group V.)					
SKIN	Ringworm—Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies	1	—	—	—
	Impetigo	1	—	—	—
	Other Diseases (Non-Tuberculous)...	6	—	—	—
EYE	Blepharitis	2	—	—	—
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)...	36	166	17	27
	Squint	1	—	—	—
	Other Conditions	—	—	—	1
EAR	Defective Hearing	—	—	—	—
	Otitis Media	1	—	—	1
	Other Ear Diseases	2	—	—	—
NOSE AND THROAT	Enlarged Tonsils only... ...	13	39	8	16
	Adenoids only	1	—	—	2
	Enlarged Tonsils and Adenoids	1	—	2	2
	Other Conditions	2	2	2	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous) ...		8	22	4	11
DEFECTIVE SPEECH		—	—	—	—
TEETH	Dental Diseases ... ... (Inspections by Medical Officers only).	21	5	6	2
HEART & CIRCULATION.	Heart Disease—Organic ...	—	5	—	2
	Functional ...	—	6	—	4
	Anæmia...	6	5	3	1
LUNGS	Bronchitis	1	1	—	1
	Other Non. T.B. Diseases ...	—	—	—	—
TUBERCULOSIS	Pulmonary—Definite	—	1	1	—
	Suspected ...	—	2	—	—
	Non-Pulm.—Glands	—	—	—	—
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones & Joints ...	—	—	—	1
	Skin	—	—	—	2
	Other Forms ...	—	—	1	—
NERVOUS SYSTEM	Epilepsy	1	—	—	—
	Chorea	—	—	—	—
	Other Conditions	—	—	—	—
DEFORMITIES	Rickets	—	—	—	1
	Spinal Curvature	—	—	—	—
	Other Forms	1	2	—	1
OTHER DEFECTS AND DISEASES...		3	5	2	1

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
Total (all ages)	911	78	8.56%
Other Routine Inspections	—	—	—

TABLE VIII.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Physically Defective	Suffering from Epilepsy which is not severe.	At Secondary Schools ...	1	—	1
		At no School or Institution...	—	—	—
	Tuberculosis of other organs, (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Secondary Schools ...	—	1	1
		At Other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Secondary Schools ...	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
		At certified Residential Open Air Schools...	—	—	—
	Children with heart disease, i.e., Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary Schools.	At certified Hospital Schools	—	—	—
		At certified Residential Cripple Schools	—	—	—
		At certified Day Cripple Schools	—	—	—
		At Secondary Schools ...	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution...	—	—	—
		At certified Residential Open Air Schools	—	—	—

TABLE IX.

Return of Defects Treated during the Year ended 31st December, 1931.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT (1)	Number of Defects treated, or under treatment during the year. Number of Defects referred for Treatment (2)	Under the Authority's Scheme (3)	Otherwise (4)	Total (5)
SKIN—Ringworm, Scalp	—	—	—	—
„ Body	—	—	—	—
Scabies	1	—	1	1
Impetigo	1	—	1	1
Other Skin Disease	6	2	4	6
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II.)	2	—	2	2
MINOR EAR DEFECTS	3	—	3	3
MISCELLANEOUS— (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	—	—	—	—
Total	13	2	11	13

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE (1)	Number of Defects referred for Treatment (2)	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme. (3)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (4)	Otherwise (5)	Total (6)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ...	54	24	12	—	36
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—	—
Total ...	54	24	12	—	36

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme	22
(*b*) Otherwise	8

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme	22
(*b*) Otherwise	8

Group III.—Treatment of Defects of Nose and Throat.

Number referred for Treatment	NUMBER OF DEFECTS.				
	Received Operative Treatment.				
	Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total	Received other forms of Treatment	Total number treated.
29	9	2	11	8	19

Group IV.—Dental Defects.

(1) Number of children who were :—

(*a*) Inspected by the Dentist :
Aged :

Routine Age Groups	4 — 5		14 — 120	
	5 — 19		15 — 134	
	6 — 16		16 — 78	
	7 — 24		17 — 41	
	8 — 28		18 — 14	
	9 — 30		19 — 5	
	10 — 34			
	11 — 102			
	12 — 105		Total	894
	13 — 139			

Specials 8
Grand Total 902

(*b*) Found to require treatment ... 467
(*c*) Actually treated 128
(*d*) Re-treated during the year as the result of periodical examination Nil

(2) Half-days devoted to :—
Treatment 21
Inspection ... ... 9 } Total 30

(3) Attendances made by Children for treatment ... 213

(4) Fillings :—
Permanent Teeth 141
Temporary Teeth 50 } Total 191

(5) Extractions :—
Permanent Teeth ...92
Temporary Teeth ...35 } Total 127

(6) Administrations of General anæsthetics for extractions ... 35

(7) Other Operations :—
Permanent Teeth ...25
Temporary teeth ... 5 } Total 30

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	30
(ii.) Total number of examinations of children in the Schools by School Nurses	911
(iii.) Number of individual children found unclean...	—
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	—
(v.) Number of cases in which legal proceedings were taken :	
(*a*) Under the Education Act, 1921...	—
(*b*) Under School Attendance Byelaws	—

TABLE X.

Summary of Treatment of Defects.

DISEASE OR DEFECT	NUMBER OF DEFECTS			
	Referred for Treatment	Treated		
		Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	13	2	11	13
Visual Defects	54	24	12	36
Defects of Throat and Nose	29	9	10	19
Dental Defects: Referred by Dentist	459	120	190	310
Dental Defects: Referred by School M.O.... ...	27	8	13	21
Other Defects	34	6	15	21
Total	616	169	251	420